CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET DG 1

The C/OH INSTRUCTION this form.	אס Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 45
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
	NICKNAME LAST Lovell	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	4000.44	STATE; ZIP CODE STATE; ZIP CODE	Gate Fland-delikered of Date Postmarked of
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713). 520-6756	EXTENSION	CITY SECRETARY
GAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Dawn NICKNAME LAST Dancy	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUR 1033 Bayland Avenue, Unit 2	TE#; CITY; STATÉ; Houston TX	ZIP CODE 77009
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 863-9690	. EXTENSION	
9 REPORTTYPE	July 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 2006 THROU	Month Day GH 6 / 30	Year / 2006
11 ELECTION	Month Day Year ELECTION TYPE	. — — —	General Special
12 OFFICE	OFFICE HELD (if any) Houston City Council, At-Large Position 2	13 OFFICE SOUGHT (if known	_
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures are required to disclose this information on Name	ditures made by others without the cand ly if they receive notification of the direc	idate's prior consent or approval. t campaign expenditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City: State; Zi	p Code	· .
	GOTOP	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

			COVER SHEET PG 2
15 C/OH NAME Sue	e Lovell		16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)		vitice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
•	GENERAL . SPECIFIC	COMMITTEE ADDRESS	
□ add#ind	- Scholling	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	•
		COMMITTEE CAMPAIGN TREASURER ADDRESS .	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63,709.99
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 60,678.89
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 24,622.44
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE COF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
	RENA STEW IOTARY PUBLIC, STATE MY COMMISSION E OCT. 27, 20	is true and correct and includes all informe under Title 15, Election Code.	mation required to be reported by
AFFIX NOTARY STAMP	SEAL ABOVE	Signature of Candidat	e or Officeholder
Sworn to and subscribe	~ (e said Sug Doug I y which, witness my hand and seal of office.	this the <u>17</u> day
Signature of officer adm	Din's	Rena Steware N	Otaru
Printed by requested prints		THE O	f officer administering oath

4 Date 1/4/2006 5 Full Name of Contributor: Out of state PAC (ID# 7 Amount of contribution (\$): \$ In kind contribution (\$): \$1,000.00 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

`	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A FORMS C/OH and SPAC)
The instruction	on Guide explains how to complete this form.		1 Total pages this sched	dule A: 22
2 FILER NAM	Sue Lovell	3	3 ACCOUNT # (Ethics 0	Comission filers)
4 Date 1/5/2006	5 Full Name of Contributor:out of state PAC Edmond D. Wulfe 6 Contributor Address: City, State, Zip Co		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal	occupation \ Job title (See Instructions) 10) Employer ((See Instructions):	
4 Date 1/6/2006	5 Full Name of Contributor: —Jout of state PAC John S.W. Kellett 6 Contributor Address: City, State, Zip Contributor		7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal	occupation \ Job title (See Instructions) 10) Employer ((See Instructions):	
4 Date 1/9/2006	5 Full Name of Contributor: —lout of state PAC (H. Prasad Kolluru PE 6 Contributor Address: City, State, Zip Cod		7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	<u> </u>
4 Date 1/9/2006	5 Full Name of Contributor: ☐out of state PAC (Centerpoint Energy PAC - Texas 6 Contributor Address: City, State, Zip Cod		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions)	
4 Date 1/9/2006	5 Full Name of Contributor: —Jout of state PAC (I Linebarger Goggan Blair, & Sampson, LLP 6 Contributor Address: City, State, Zip Cod	··-	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
	TOTAL SOCIETY ME SOCIETY OF THE COLUMN			
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAM	Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/10/2006	5 Full Name of Contributor:out of state PAC (ID# Houston Fire Fighters L-341 Political Action Fund 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$3,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 1/10/2006	5 Full Name of Contributor:lout of state PAC (ID# HAA Better Government Fund 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	<u> </u>
4 Date 1/10/2006	5 Full Name of Contributor:out of state PAC (ID# C. Mike Garver 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	<u></u>
4 Date 1/10/2006	5 Full Name of Contributor:out of state PAC (ID# J. W. Hershey 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	<u> </u>
4 Date 1/11/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	- 14 day - 14 fe

i	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/11/2006	5 Full Name of Contributor:out of state PAC (ID# AFSCME 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,870.99	8 In kind contribution description (if applicable) : Mailing Services
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	rer (See Instructions):	
4 Date 1/12/2006	5 Full Name of Contributor:out of state PAC (ID# Arthur Louis Schechter 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/13/2006	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/16/2006	5 Full Name of Contributor:out of state PAC (ID# IEC of Texas PAC Fund 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/16/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	enskiptillerapis soors in a		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.		1 Total pages this sched	lule A: 22
2 FILER NAME	≅ Sue Lovell		3 ACCOUNT # (Ethics C	comission filers)
. 4 Date 1/16/2006	5 Full Name of Contributor: —out of state Janiece M. Longoria 6 Contributor Address: City, State, Zig	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal c	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 1/16/2006	5 Full Name of Contributor: — Out of state Suzanne Cardwell 6 Contributor Address: City, State, Zig	p Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: — Out of state Darryl B. Carter	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip	Code		• i
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: —Jout of state John L. Guess 6 Contributor Address: City, State, Zip	PAC (ID#) Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: —out of state Zinetta A. Burney 6 Contributor Address: City, State, Zip	PAC (ID#) Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	fule A: 22
2 FILER NAME	E: Sue Lovell		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 1/17/2006	5 Full Name of Contributor: — out of state Joseph Trent Siff 6 Contributor Address: City, State, Zig	p PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	<u> </u>
4 Date 1/17/2006	5 Full Name of Contributor:out of state Gerald Wayne Womack 6 Contributor Address: City, State, Zig	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: ☐out of state Sheila M. Condon 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: — out of state Claudia F. Williamson 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal or	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: □out of state of Jack Drake 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal or	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	•

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1	Total pages this sched	dule A: 22
2 FILER NAM	E: Sue Lovell	3	ACCOUNT # (Ethics C	Comission filers)
4 Date 1/17/2006	5 Full Name of Contributor: Oout of state PAC (James C. Box 6 Contributor Address: City, State, Zip Coo		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	·
4 Date 1/17/2006	5 Full Name of Contributor: Out of state PAC (Arthur Louis Schechter 6 Contributor Address: City, State, Zip Cod		7 Amount of contribution (\$):	8 In kind contribution description (if applicable): fundralser expenses fundraiser expenses
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: —out of state PAC (I Peter Hoyt Brown FAIA 6 Contributor Address: City, State, Zip Cod		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: —out of state PAC (III Gerald M. Brady 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: — Jout of state PAC (IE Ramesh Gunda PE, PTOE 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	· · · · ·

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	tule A: 22
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/17/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
à		·	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: □out of state PAC (ID# Larry Berkman	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor: —lout of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor:out of state PAC (ID# Plumbers Local Union No. 68 PAC 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	, ,
4 Date 1/17/2006	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	Jule A: 22
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 1/17/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/17/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/18/2006	5 Full Name of Contributor:out of state PAC (ID# Greenberg Traurig PAC 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/18/2006	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable) :
9 Principal o	accupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 1/18/2006	5 Full Name of Contributor: —out of state PAC (ID# Ellen Happe Phillips 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 1/25/2006	5 Full Name of Contributor: — out of state PAC (ID# Hale & Associates P. C. 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable)
9 Principal o		yer (See Instructions):	
4 Date 1/26/2006	5 Full Name of Contributor:out of state PAC (ID# Virginia L. Mithoff	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
O. Dringing I.	6 Contributor Address: City, State, Zip Code	(2)	
9 Principal c	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 1/27/2006	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Code		Event Expenses
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 1/27/2006	5 Full Name of Contributor:out of state PAC (ID# Percy P. Creuzot III	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 2/5/2006	5 Full Name of Contributor: — Jout of state PAC (ID# J. H. Jones II 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 22	
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)	
4 Date 2/16/2006	5 Full Name of Contributor:	7, Amount of contribution (\$):	8 In kind contribution description (if applicable)	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 3/1/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	*	
4 Date 3/1/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):			
4 Date 3/1/2006	5 Full Name of Contributor:lout of state PAC (ID# Dennis W. Sander PE 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	·	

_	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		· (FOR	SCHEDULE A FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.	1 Tot	tal pages this sched	lule A: 22
2 FILER NAM	Sue Lovell	3 AC	COUNT # (Ethics C	Comission filers)
4 Date 3/1/2006	5 Full Name of Contributor: Out of state PAR Hou Con PAC 6 Contributor Address: City, State, Zip C		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable)
9 Principal o	occupation \ Job title (See Instructions)	0 Employer (See	Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: Out of state PAGE Houston Council of Engineering Companies 6 Contributor Address: City, State, Zip Co	PAC	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	0 Employer (See	Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor:		7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	Employer (See	Instructions):	
4 Date 3/1/2006	5 Full Name of Contributor: —out of state PAC Mayer, Brown, Rowe & Maw, LLP 6 Contributor Address: City, State, Zip Co		7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	Employer (See	Instructions):	
4 Date 3/4/2006	5 Full Name of Contributor: —out of state PAC Bradley Bailey 6 Contributor Address: City, State, Zip Co		7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions)	Employer (See	Instructions):	,

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A: 22
2 FILER NAME	Sue Lovell		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 3/8/2006	5 Full Name of Contributor: —Jout of state Jeff E. Ross Sr., PE 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/8/2006	5 Full Name of Contributor: — Out of state Houston Associated General Contractors 6 Contributor Address: City, State, Zip	-	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/8/2006	5 Full Name of Contributor: —out of state Carter & Burgess P.A.C. 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/8/2006	5 Full Name of Contributor: — Dout of state. Robert C. McNair 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/8/2006	5 Full Name of Contributor: — out of state ! Michele R. Fraga 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	s	(FOI	SCHEDULE A R FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sche	dule A: 22
2 FILER NAME	Sue Lovell		3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/15/2006	5 Full Name of Contributor: —Jout of sta Suzanne K. Anderson 6 Contributor Address:City_State,Z	te PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 3/15/2006	5 Full Name of Contributor: — Out of state James Robert Moriarty 6 Contributes Address — City State — 7		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Z	ip Code	į į	
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/15/2006	5 Full Name of Contributor: — out of stat Varinder P. Bobby Singh 6 Contributor Address: City, State, Z	e PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/15/2006	5 Full Name of Contributor: — Out of state Gilbert A. Garcia 6 Contributor Address: City, State, Zi	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/15/2006	5 Full Name of Contributor: Out of state Andrews & Kurth Texas PAC 6 Contributor Address: City, State, Zi	PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	ocupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAMI	E: Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 3/15/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/20/2006	5 Full Name of Contributor:out of state PAC (ID# Joseph Trent Siff 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/21/2006	5 Full Name of Contributor:out of state PAC (ID# George Bolatiwa 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/22/2006	5 Full Name of Contributor:	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: — out of state PAC (ID# Albert Luna III 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAMI	Sue Lovell	3 ACCOUNT#(Ethics (Comission filers)
4 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: —aut of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: —lout of state PAC (ID#	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FO	SCHEDULE A R FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this scho	edule A: 22
2 FILER NAM	Sue Lovell	3 ACCOUNT # (Ethics	Comission filers)
4 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	yer (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID# Jay L. Moore Jr 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
9 Principal o	5 Full Name of Contributor:	yer (See Instructions):	8 In kind contribution
3/23/2006	Raymond K. Turner 6 Contributor Address: City, State, Zip Code	contribution (\$): \$1,000.00	description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal oc	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
1 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):

l .	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	_	1 Total pages this schee	dule A: 22
2 FILER NAMI	Sue Loveil	ţ	3 ACCOUNT # (Ethics (Comission filers)
4 Date 3/23/2006	Keith Clark		7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zi	p Code		
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	r (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: Out of state Welcome Wilson Jr.	a PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zi	p Code]
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: — out of state Mirza Q.A. Baig	PAČ (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zi	p Code		
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	,
4 Date 3/23/2006	5 Full Name of Contributor: Out of state Robert L Zinn	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zi	p Code		
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: Out of state Michael B. Good	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zin	Code		
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 22
2 FILER NAMI	Sue Lovell	3 ACCOUNT # (Ethics (Comission filers)
4 Date 3/23/2006	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$):	8 in kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)
	6 Contributor Address: City, State, Zip Code	_	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: — out of state PAC (ID# Alice L. Aanstoos	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor:out of state PAC (ID# Carmelo Mauro	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		;
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/23/2006	5 Full Name of Contributor: — Tout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	}	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	·	1 Total pages this sched	lule A: 22
2 FILER NAME	Sue Lovell		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 3/30/2006	5 Full Name of Contributor: Jout of state Gerald B. Smith 6 Contributor Address: City, State, Zi	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 3/31/2006	5 Full Name of Contributor: —out of state PHCG Investments 6 Contributor Address: City, State, Zig	PAC (ID#	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 3/31/2006	5 Full Name of Contributor:out of state Turner Collie & Braden PAC 6 Contributor Address: City, State, Zip	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/31/2006	5 Full Name of Contributor: ☐out of state Bob Borochoff 6 Contributor Address: City, State, Zig	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 3/31/2006	5 Full Name of Contributor: —out of state Geraid E. Wilson 6 Contributor Address: City, State, Zip	Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A (FOR FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this schedule A: 22
2 FILER NAME	E: Sue Lovell	3 ACCOUNT # (Ethics Comission filers)
4 Date 3/31/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$). \$ In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code	. !
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):
4 Date 4/3/2006	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$500.00
	6 Contributor Address: City, State, Zip Code	
9 Principal o	occupation \ Job title (See Instructions) 10 Emplo	oyer (See Instructions):

Schedule A1 Report Total:

\$63,709.99

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

INC INSTRUC	CTION GUIDE explains how to complete	tins iona.		Total pages Sche	Page 1
FILER NAME	Sue Lovell		·	ACCOUNT # (Eth	ics Commission filers)
Date	Payee Name		-		
1/4/2006	Verizon Wireless				Amount (\$)
	Payee address	City;	State;	Zip Code	\$884.14
	Post Office Box 660108	Dallas	TX	75266-0108	
Purpose of pay (required)	yment (See instructions regarding type o	of information		ete if direct expenditure	s to bonefit C/OH **
			Candidate / Offic	ceholder name	Office sought Office held
Telepho	one .				
Date	Payee Name				Amount
1/9/2006	Sue Davis				(\$)
	Payee address	City;	State;	Zip Code	\$10,000.00
	4721 Hummingbird St.	Houston	TX	77035	
required)				ete if direct expenditures eholder name	Office sought Office held
Consulti	ing		Candidate / Office	enoluci name	onice sought onice field
Consulti	Payee Name		Carloidate / Offic	e loide hane	Amount
Consulti			Cariologie / Onic	enonce manie	
Consulti	Payee Name	City;	State:	Zip Code	Amount
Consulti	Payee Name Kathryn C. McNiel	City: Houston			Amount (\$)
Consulti Date 1/10/2006	Payee Name Kathryn C. McNiel Payee address	Houston	State: TX	Zip Code 77219 te if direct expenditures	Amount (\$) \$5,000.00
Consulti Date 1/10/2006	Payee Name Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type of	Houston	State: TX	Zip Code 77219 te if direct expenditures	Amount (\$) \$5,000.00 to benefit C/OH **
Consulting Jate 1/10/2006	Payee Name Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type of	Houston	State: TX	Zip Code 77219 te if direct expenditures	Amount (\$) \$5,000.00 to benefit C/OH **
Consulti Date 1/10/2006 Purpose of paying required) Consulti	Payee Name Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type of	Houston	State: TX	Zip Code 77219 te if direct expenditures	Amount (\$) \$5,000.00 to benefit C/OH ** Office sought Office held
Consulting	Payee Name Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type of	Houston	State: TX	Zip Code 77219 te if direct expenditures	Amount (\$) \$5,000.00 to benefit C/OH ** Office sought Office held Amount (\$)
Consulting	Payee Name Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type of	Houston	State: TX Comple Candidate / Office	Zip Code 77219 te if direct expenditures eholder name	Amount (\$) \$5,000.00 to benefit C/OH ** Office sought Office held

SCHEDULE F

POLITICAL EXPENDITURES Total pages Schedule F THE INSTRUCTION GUIDE explains how to complete this form.

					Page 2
FILER NAME	Sue Lovell			ACCOUNT # (Ethic	es Commission filers)
Date	Payee Name				Amount
1/12/2006	Verizon Wireless				(\$)
	Payee address	City;	State;	Zip Code	\$266.00
	Post Office Box 660108	Dallas	TX	75266-0108	
Purpose of paye (required)	ment (See instructions regarding type of	of Information	** Comple	ete if direct expenditures ceholder name (to benefit C/OH ** Office sought Office he
Telepho	ne				
Date	Payee Name				Amount
1/12/2006	City of Houston				(\$)
	Payee address	City;	State;	Zip Code	\$30.40
	900 Bagby	Houston	TX	77002	
	ment (See instructions regarding type of		, ————————————————————————————————————	ete if direct expenditures	
(required)	ment (See instructions regarding type of		** Comple	ete if direct expenditures	Office sought Office he
(required) Photoco	ment (See instructions regarding type o		** Comple	ete if direct expenditures	Office sought Office he
(required) Photoco	ment (See instructions regarding type of pies Payee Name		** Comple	ete if direct expenditures	Office sought Office he
(required) Photoco	pies Payee Name Travis Sheive	of information	** Comple Candidate / Office	ete if direct expenditures ceholder name (Amount (\$)
(required) Photoco Date 1/17/2006	pies Payee Name Travis Sheive Payee address	of information City; Houston	** Comple Candidate / Office State; TX	ete if direct expenditures ceholder name (Zip Code 77008	Amount (\$) \$315.00
Purpose of payr	Payee Name Travis Sheive Payee address 1135 Oxford	of information City; Houston	** Comple Candidate / Office State; TX ** Comple	ete if direct expenditures ceholder name (Zip Code 77008	Amount (\$) - \$315.00
Purpose of payr (required) Contract	pies Payee Name Travis Sheive Payee address 1135 Oxford ment (See instructions regarding type of	of information City; Houston	** Comple Candidate / Office State; TX ** Comple	ete if direct expenditures ceholder name (Zip Code 77008	Amount (\$) \$315.00 to benefit C/OH ** Office sought Office hel
Photoco Date 1/17/2006 Purpose of payr (required) Contract	Payee Name Travis Sheive Payee address 1135 Oxford ment (See instructions regarding type of the control of the projects)	of information City; Houston	** Comple Candidate / Office State; TX ** Comple	ete if direct expenditures ceholder name (Zip Code 77008	Amount (\$) \$315.00 to benefit C/OH ** Office sought Office hel
Purpose of payr (required) Contract	Payee Name Travis Sheive Payee address 1135 Oxford ment (See instructions regarding type of the control of the projects) work - Council office projects	of information City; Houston	** Comple Candidate / Office State; TX ** Comple	ete if direct expenditures ceholder name (Zip Code 77008	Amount (\$) \$315.00 to benefit C/OH ** Office sought Office hel
Photoco Date 1/17/2006 Purpose of payr (required) Contract	Payee Name Travis Sheive Payee address 1135 Oxford ment (See instructions regarding type of twork - Council office projects Payee Name Bank of America	city; Houston	** Comple Candidate / Office State; TX ** Comple Candidate / Office	zip Code 77008 Seholder name Code Code Code Code Code Code Code Co	Amount (\$) to benefit C/OH ** Office sought Office held Amount (\$)
Photoco Date 1/17/2006 Purpose of payr (required) Contract Date 1/31/2006	Payee Name Travis Sheive Payee address 1135 Oxford work - Council office projects Payee Name Bank of America Payee address	City; Houston City; Houston City; Houston	** Comple Candidate / Office State; TX ** Comple Candidate / Office State; TX	zip Code 77008 Zip Code 77008 Zip Code 77008 Zip Code 77005 Zip Code 77005	Amount (\$) to benefit C/OH ** Office sought Office held Amount (\$) Amount (\$) \$3.00

Page 2 of 16

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POLITICAL EXPENDITURES

	CTION GUIDE explains how to comp	nete this form.		Total pages \$	
FILER NAME				ACCOUNT #	Page 3 (Ethics Commission filers)
	Sue Lovell			7000011#	(Eurics Commission filers)
Date	Payee Name		···.	l	Amount
2/8/2006	Xpedx				(\$)
	Payee address	City;	State;	Zip Code	\$40.57
	2201 Taylor	Houston	TX	77007	
Purpose of pa (required)	l yment (See instructions regarding typ	e of information			itures to benefit C/OH **
	S19		Candidate / Offic	eholder name	Office sought Office hel
Paper	Supplies				
Date	Payee Name				Amount
2/8/2006	Sorrento's Restaurant	* - *			(\$)
	Payee address	City;	State;	Zip Code	\$741.25
	415 Westheimer Rd	Houston	TX	77006	
(required)	ment (See instructions regarding typ		Candidate / Office		tures to benefit C/OH ** Office sought Office held
Date	Payee Name				Amount
	Payee Name Kathryn C. McNiel				Amount (\$)
	'	City;	State;	Zip Code	(\$)
	Kathryn C. McNiel	City; Houston	State; TX	Zip Code 77219	•
Purpose of paymequired)	Kathryn C. McNiel Payee address	Houston	тх	77219 e if direct expendit	(\$) \$1,000.00 ures to benefit C/OH **
2/8/2006	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type	Houston	TX Complet	77219 e if direct expendit	\$1,000.00 ures to benefit C/OH **
2/8/2006 Purpose of paymequired) Consultinate	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type	Houston	TX Complet	77219 e if direct expendit	(\$) \$1,000.00 ures to benefit C/OH **
2/8/2006 Purpose of paymequired) Consultinate	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type	Houston	TX Complet	77219 e if direct expendit	(\$) \$1,000.00 ures to benefit C/OH ** Office sought Office held
2/8/2006 Ourpose of payrequired)	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type	Houston	TX Complet	77219 e if direct expendit	ures to benefit C/OH ** Office sought Office held Amount (\$)
urpose of payrequired) Consulti	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type ng Payee Name Ying-Tsun Amy Lin	Houston e of information	TX " Complet Candidate / Office	77219 e if direct expendit sholder name	ures to benefit C/OH ** Office sought Office held
Purpose of paying required) Consultinate /8/2006	Kathryn C. McNiel Payee address P. O. Box 131835 ment (See instructions regarding type ng Payee Name Ying-Tsun Amy Lin Payee address	Houston of information City; Houston	TX " Complet Candidate / Office State; TX	77219 e if direct expenditeholder name Zip Code 77071	ures to benefit C/OH ** Office sought Office held Amount (\$)

SCHEDULE F

POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complete	this form.		Total pages Sche	
FILER NAME				ACCOUNT # (Et	Page 4 hics Commission filers)
	Sue Lovell				
Date 2/8/2006	Payee Name Verizon Wireless				Amount (\$)
	Payee address	City;	State;	Zip Code	\$185.81
·	Post Office Box 660108	Dallas	TX	75266-0108	V
Purpose of pay (required)	rment (See instructions regarding type o	of information	** Complete Candidate / Office	=	es to benefit C/OH ** Office sought Office held
Telepho	one				
Date	Payee Name				Arnount (\$)
2/8/2006	Office Max				
	Payee address	City;	State;	Zip Code	\$68.52
.	Store #441, Suite A	Houston	TX	77043	
Purpose of pay (required)	ment (See instructions regarding type of	f information	** Complete		es to benefit C/OH ** Office sought Office held
Office S	upplies				
Date	Payee Name	<u> </u>	_1		Amount
2/9/2006	Bank of America				(\$)
	Payee address	City;	State;	Zip Code	\$109.00
	1905 West Gray	Houston	TX	77005	
Purpose of pay (required) Checks	ment (See instructions regarding type o	f information	** Complete Candidate / Office		es to benefit C/OH ** Office sought Office held
Date	Payee Name				Amount (\$)
2/27/2006	Dawn Dancy				
	Payee address	City;	State;	Zip Code	\$1,000.00
	1033 Bayland Avenue, Unit 2	2 Houston	. TX	77009	
(required)	ment (See instructions regarding type o	finformation	** Complete Candidate / Office		es to benefit C/OH ** Office sought Office held
Consulti					
			·		

POLITICAL EXPENDITURES

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THE INSTRUC	TION GUIDE explains how to comple	te this form.		Total pages Sc	hedule F Page 5
FILER NAME				ACCOUNT # (E	Ethics Commission filers)
	Sue Lovell				
Date	Payee Name			•	Amount (\$)
2/28/2006	Bank of America				Ψ)
	Payee address	City;	State;	Zip Code	\$3.00
	1905 West Gray	Houston	· TX	77005	
	ment (See instructions regarding type	of information		•	ures to benefit C/OH **
required)	-		Candidate / Office	eholder name	Office sought Office held
Banking	Charges				•
Date	Payee Name				Amount
3/6/2006	Office Max	•			(\$)
	Payee address	City;	State;	Zip Code	\$76.13
	Otana HAAA Onita A	Houston	TX	77043	
•	Store #441, Suite A	Houston			
	ment (See instructions regarding type		** Complet Candidate / Office	•	ures to benefit C/OH ** Office sought Office held
required) Office S	ment (See instructions regarding type upplies		· ·	•	Office sought Office held
Office S	ment (See instructions regarding type upplies Payee Name		· ·	•	
Office S	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel	of information	Candidate / Office	eholder name	Office sought Office held
Office S	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payce address	of information	Candidate / Office	eholder name	Office sought Office held
Office S	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel	of information	Candidate / Office	eholder name	Office sought Office held
Office S Date 8/6/2006	Payee Name Kathryn C. McNiel Paycc address P. O. Box 131835	City; Houston	Candidate / Office	Zip Code 77219	Amount (\$) \$1,000.00
Office S Date 3/6/2006	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payce address	City; Houston	Candidate / Office	Zip Code 77219	Office sought Office held
Office S Date 3/6/2006	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payec address P. O. Box 131835 ment (See instructions regarding type	City; Houston	State; TX	Zip Code 77219	Amount (\$) \$1,000.00
Office S Oate 3/6/2006 Purpose of payrequired)	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payec address P. O. Box 131835 ment (See instructions regarding type	City; Houston	State; TX	Zip Code 77219	Amount (\$) \$1,000.00
Office S Date B/6/2006 Purpose of pay required) Consulti	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payec address P. O. Box 131835 ment (See instructions regarding type	City; Houston	State; TX	Zip Code 77219	Amount (\$) \$1,000.00
Office S Date 3/6/2006 Purpose of pay required) Consulti	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payce address P. O. Box 131835 ment (See instructions regarding type ng	City; Houston	State; TX	Zip Code 77219	Amount (\$) \$1,000.00 ares to benefit C/OH ** Office sought Office held
Office S Oate 3/6/2006 Purpose of payrequired) Consulti	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payec address P. O. Box 131835 ment (See instructions regarding type ng Payee Name US Postal Service	City; Houston of information	State; TX ** Complete Candidate / Office	Zip Code 77219 e if direct expenditu	Amount (\$) \$1,000.00 ares to benefit C/OH ** Office sought Office held Amount (\$)
Office S Oate 3/6/2006 Purpose of payrequired) Consulti	Payee Name Kathryn C. McNiel Payce address P. O. Box 131835 ment (See instructions regarding type Payee Name US Postal Service Payee address	City; Houston of information	State; TX ** Complete Candidate / Office	Zip Code 77219 e if direct expenditu	Amount (\$) \$1,000.00 ares to benefit C/OH ** Office sought Office held
Office S Oate 3/6/2006 Purpose of payrequired) Consulti	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payec address P. O. Box 131835 ment (See instructions regarding type ng Payee Name US Postal Service	City; Houston of information	State; TX ** Complete Candidate / Office	Zip Code 77219 e if direct expenditu	Amount (\$) \$1,000.00 ares to benefit C/OH ** Office sought Office held Amount (\$)
Office S Date 3/6/2006 Purpose of payrequired) Consulti	Payee Name Kathryn C. McNiel Payce address P. O. Box 131835 ment (See instructions regarding type Payee Name US Postal Service Payee address	City; Houston City; Houston	State; TX *** Complete Candidate / Office State; TX *** Complete	Zip Code 77219 e if direct expenditueholder name Zip Code 77027	Amount (\$) Amount (\$) \$1,000.00 ares to benefit C/OH ** Amount (\$) \$83.70 ares to benefit C/OH **
Office S Oate 3/6/2006 Purpose of payrequired) Consulti	ment (See instructions regarding type upplies Payee Name Kathryn C. McNiel Payce address P. O. Box 131835 ment (See instructions regarding type ng Payee Name US Postal Service Payee address Julius Melcher Location ment (See instructions regarding type	City; Houston City; Houston	State; TX ** Complete Candidate / Office	Zip Code 77219 e if direct expenditueholder name Zip Code 77027	Amount (\$) Amount (\$) \$1,000.00 ares to benefit C/OH ** Office sought Office held Amount (\$) \$83.70

SCHEDULE F

POLITICAL EXPENDITURES

Purpose of paymen (required) Event suppl Date 3/8/2006	Payee Name	City; Houston pe of information	State; TX ** Complet Candidate / Office	Zip Code 77219 e if direct expenditures	Amount (\$) . \$190.50 s to benefit C/OH ** Office sought Office hel
Purpose of paymen (required) Event supplemental Poste F3/8/2006	Cathryn C. McNiel Payee address P. O. Box 131835 It (See instructions regarding by blies Payee Name	Houston	TX ** Complet	77219	(\$) \$190.50 s to benefit C/OH **
Purpose of paymen (required) Event suppl Date F 3/8/2006	Payee address P. O. Box 131835 It (See instructions regarding by lies Payee Name	Houston	TX ** Complet	77219	\$190.50
Purpose of paymen (required) Event suppl Date F 3/8/2006	Payee address P. O. Box 131835 It (See instructions regarding by lies Payee Name	Houston	TX ** Complet	77219	s to benefit C/OH **
Purpose of paymen (required) Event suppl Date F 3/8/2006	P. O. Box 131835 It (See instructions regarding ty	Houston	TX ** Complet	77219	s to benefit C/OH **
Event suppl Date F 3/8/2006 F	lies Payee Name	pe of information	1		
Event suppl Date F 3/8/2006 C	lies Payee Name	pe of information	1		
Date F 3/8/2006 C	Payee Name				
3/8/2006 C	•	·			
3/8/2006 C	•				
3/8/2006 C	•	,			Amount
F		•			Amount (\$)
i	Garnet Coleman Campai				
l r	Payee address	City;	State;	Zip Code	\$1,000.00
	P. O. Box 88140	Houston	TX	77288	
required) Contributior	1		Candidate / Office	cholder name	Office sought Office he
Date P	Payee Name				Amount
3/14/2006 T	Fravis Sheive				(\$)
ļ.	ayee address	City;	State;	Zip Code	\$100.00
1	135 Oxford	Houston	TX	77008	
Purpose of payment required)	t (See instructions regarding ty	pe of information	** Complete	e if direct expenditures	s to benefit C/OH ** Office sought Office he
Contract wo	ork				
Date P	Payee Name				Amount
3/15/2006 ₁	nfoVine				(\$)
. P	ayee address	City;	State;	Zip Code	\$414.01
F	P. O. Box 2706	Houston	TX	77252	
Purpose of payment required)	t (See instructions regarding ty	pe of information	** Complete	e if direct expenditures	s to benefit C/OH ** Office sought Office he
Postage & N	/ Iailhouse				•

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POLITICAL EXPENDITURES

	CTION GUIDE explains how to comple	ete this form.	-	Total pages S	chedule F Page 7
FILER NAME	Cora Lavall		 -	ACCOUNT#	(Ethics Commission filers)
Date	Sue Lovell		*		
3/15/2006	Payee Name SBC			·	Amount (\$)
	Payee address	City;	State;	Zip Code	\$506.69
	555 Main Street, Room 22	8-CR Beaumont	TX	77701	
Purpose of pay (required)	/ment (See instructions regarding type	e of information	** Comple Candidate / Office		tures to benefit C/OH **
Telepho	one	·	Candidate / Office	cenoider haine	Office sought Office held
Date	Payee Name			· · · · · · · · · · · · · · · · · · ·	Amount
3/15/2006	Kathryn C. McNiel				(\$)
	Payee address	City;	State;	Zip Code	\$513.69
	P. O. Box 131835	Houston	TX	₊ 77219	\$6.00
Purpose of pay	ment (See instructions regarding type	of information	** Comple	ete if direct expendit	ures to benefit C/OH **
,			Candidate / Office	ceholder name	Office sought Office held
Event Si	upplies				
			Ì	•	
Date	Payee Name				Amount
Date 3/15/2006	Payee Name FedEx Kinko's				Amount (\$)
	·	City;	State;	Zip Code	(\$)
	FedEx Kinko's	City; Houston	State; TX	Zip Code 77098	
3/15/2006 Purpose of payr	FedEx Kinko's Payee address	Houston	TX	77098	\$22.60 ures to benefit C/OH **
3/15/2006 Purpose of payr (required)	FedEx Kinko's Payee address 2200 SW Freeway	Houston	TX	77098	\$22.60
3/15/2006 Purpose of payr	FedEx Kinko's Payee address 2200 SW Freeway	Houston	TX	77098	\$22.60 ures to benefit C/OH **
3/15/2006 Purpose of payr (required)	FedEx Kinko's Payee address 2200 SW Freeway	Houston	TX	77098	\$22.60 ures to benefit C/OH **
3/15/2006 Purpose of payr (required) Delivery	FedEx Kinko's Payee address 2200 SW Freeway ment (See instructions regarding type	Houston	TX	77098	\$22.60 ures to benefit C/OH ** Office sought Office held
3/15/2006 Purpose of payr (required) Delivery	FedEx Kinko's Payee address 2200 SW Freeway ment (See Instructions regarding type	Houston	TX	77098	\$22.60 Ures to benefit C/OH ** Office sought Office held Amount (\$)
3/15/2006 Purpose of payr (required) Delivery	FedEx Kinko's Payee address 2200 SW Freeway ment (See instructions regarding type Payee Name Ying-Tsun Amy Lin	Houston of information	** Comple Candidate / Office	77098 te if direct expenditueholder name	\$22.60 Ures to benefit C/OH ** Office sought Office held
Purpose of payr (required) Delivery Date 3/15/2006	FedEx Kinko's Payee address 2200 SW Freeway ment (See Instructions regarding type Payee Name Ying-Tsun Amy Lin Payee address	Houston of information . City; Houston	TX ** Comple Candidate / Office State; TX ** Complet	77098 te if direct expenditueholder name Zip Code 77071 te if direct expenditue	specific C/OH ** Amount (\$) \$82.50 The state of the st
3/15/2006 Purpose of payrifequired) Delivery Date 3/15/2006	Payee Name Ying-Tsun Amy Lin Payee address 7822 Twin Hills Drive	Houston of information . City; Houston	TX ** Comple Candidate / Office State; TX	77098 te if direct expenditueholder name Zip Code 77071 te if direct expenditue	(\$) \$22.60 Ures to benefit C/OH ** Office sought Office held Amount (\$) \$82.50
Purpose of payr (required) Delivery Date 3/15/2006	Payee Name Ying-Tsun Amy Lin Payee address 7822 Twin Hills Drive	Houston of information . City; Houston	TX ** Comple Candidate / Office State; TX ** Complet	77098 te if direct expenditueholder name Zip Code 77071 te if direct expenditue	specific C/OH ** Amount (\$) \$82.50 The state of the st

POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complete to	his form.		Total pages Sch	Page 8
FILER NAME	Sue Lovell			ACCOUNT # (E	thics Commission filers)
Date ·	Payee Name	·			Amount
3/15/2006	Atomar Communications	•			(\$)
	Payee address	City;	State;	Zip Code	· \$281.25
	3701 Kirby Drive, #500	Houston	TX	77098	
Purpose of pay (required)	ment (See instructions regarding type of	information	** Comple		res to benefit C/OH ** Office sought Office held
	expenses		Candidate / Office	enolder name	Office sought Office field
	Payee Name	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Amount
3/15/2006	Monarch Printing Company				(\$)
	Payee address	City;	State;	Zip Code	\$340.07
	6605 McGrew St	Houston	тх	77087	,
required)	ment (See instructions regarding type of i	information	** Comple Candidate / Office	ete if direct expenditur eholder name	
Printing Date	ment (See instructions regarding type of i	information	•	•	Office sought Office held
Printing Date		information	•	•	Office sought Office held
Printing Date	Payee Name	information City;	•	•	Office sought Office held
Printing Date	Payee Name Grant Martin Consulting		Candidate / Office	eholder name	Office sought Office held
Printing Date 3/15/2006	Payee Name Grant Martin Consulting Payee address	City; San Francisco	Candidate / Office State; CA	Zip Code 94115	Amount (\$) \$15,000.00
Printing Date 3/15/2006	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of i	City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$15,000.00
Printing Date 3/15/2006 Purpose of payrequired) Consulti	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of i	City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$15,000.00 es to benefit C/OH ** Office sought Office held
Purpose of payi	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of ing	City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$15,000.00 es to benefit C/OH ** Office sought Office held
Purpose of payirequired) Consulting	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of ing	City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$15,000.00 es to benefit C/OH ** Office sought Office held
Purpose of payirequired) Consulting	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of ing Payee Name Grant Martin Consulting	City; San Francisco nformation	State; CA ** Comple Candidate / Office	Zip Code 94115 te if direct expenditur eholder name	Amount (\$) \$15,000.00 es to benefit C/OH ** Office sought Office held Amount (\$)
Printing Printing Date 3/15/2006 Purpose of payrequired) Consultine	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of ing Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type of ing	City; San Francisco nformation City; San Francisco	State; CA ** Complet Candidate / Office State; CA	Zip Code 94115 te if direct expenditureholder name Zip Code 94115	Amount (\$) \$15,000.00 es to benefit C/OH ** Office sought Office held Amount (\$) \$688.64

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POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complete this	form.		Total pages 5	Schedule F Page 9
FILER NAME				ACCOUNT #	(Ethics Commission filers)
	Sue Lovell		·		
3/15/2006	Payee Name Grant Martin Consulting				Amount (\$)
	Payee address	City;	State;	Zip Code	\$69.54
	1708 Broderick Street	San Francisco	CA	94115	
Purpose of pays (required)	 ment (See instructions regarding type of info	ormation	•	•	litures to benefit C/OII **
Supplies	3		Candidate / Office	enolder name	Office sought Office held
, ,					
Date	Payee Name				Amount (\$)
3/15/2006	Randall's				
	Payee address	City;	State;	Zip Code	\$84.98
	2075 Westheimer Rd	Houston	TX	77098	
Purpose of payi	ment (See instructions regarding type of info	ormation		•	itures to benefit C/OH **
		ļ	Candidate / Office	eholder name	Office sought Office held
Event ex	rpenses		•		
Date	- !				1
3/15/2006	Payee Name				Amount (\$)
J. 10/2000	Grant Martin Consulting	0.00			
	Payee address 1708 Broderick Street	San Francisco	State:	Zip Code	\$99.95
	1708 Broderick Street	San Francisco	CA	94115	
Purpose of payr (required)	nent (See instructions regarding type of info	rmation	"" Complete	•	itures to benefit C/OH ** Office sought Office held
Email se	nice		Obligate? Office	Holder Harrie	Office sought Office field
	14108				
Date	Payee Name				Amount
3/15/2006	SBC				(\$)
	Payee address	City;	State;	Zip Code	\$169.69
	555 Main Street, Room 228-CR	Beaumont	TX	77701	
	 nent (See instructions regarding type of info	rmation	** Complete	e if direct expendi	tures to benefit C/OH **
(required)			Candidate / Office	holder name	Office sought Office held
Telephor	ne				

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POLITICAL EXPENDITURES

	TION GUIDE explains how to complet	e this form.		Total pages S	chedule F Page 10
FILER NAME			<u>.,</u> .	ACCOUNT#	(Ethics Commission filers)
	Sue Lovell		4,		
Date 3/15/2006	Payee Name				Amount (\$)
3/13/2000	Grant Martin Consulting		<i></i>		
	Payee address	City;	State;	Zip Code	\$1,500.00
	1708 Broderick Street	San Francisco	CA	94115	
ourpose of payer (required)	ment (See instructions regarding type	of information	** Comple Candidate / Office	•	itures to benefit C/OH ** Office sought Office held
Consulti	ng				
Date	Payee Name				Amount
3/15/2006	Grant Martin Consulting			•	(\$)
•	Payee address	City;	State;	Zip Code	\$2,656.45
	1708 Broderick Street	San Francisco	CA	94115	
Λ.:4			Candidate / Office	SOFICIACI TIGITIC	Office sought Office held
Automat	ed phone calls				
Automat	Payee Name				Amount
· · · · · · · · · · · · · · · · · · ·					Amount (\$)
Date	Payee Name	City;	State;	Zip Code	
Date	Payee Name Grant Martin Consulting	City; San Francisco	•	Zip Code 94115	(\$)
Date 3/15/2006	Payee Name Grant Martin Consulting Payee address	San Francisco	CA	94115	\$48.84 tures to benefit C/OH **
Date 3/15/2006 Purpose of paying required)	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street	San Francisco	CA ** Comple	94115	\$48.84 tures to benefit C/OH **
Purpose of paying required) Fax broad	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type	San Francisco	CA ** Comple	94115	(\$) \$48.84 tures to benefit C/OH ** Office sought Office held
Date 3/15/2006 Purpose of paying required) Fax broad	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type	San Francisco	CA ** Comple	94115	(\$) \$48.84 tures to benefit C/OH ** Office sought Office held
Purpose of paying required) Fax broad	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type adcast service	San Francisco	CA ** Comple	94115 ete if direct expendirecholder name	(\$) \$48.84 tures to benefit C/OH ** Office sought Office held
Purpose of paying required) Fax broad	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type adcast service Payee Name FedEx Kinko's	San Francisco	** Comple Candidate / Office	94115 ete if direct expendi echolder name	tures to benefit C/OH ** Office sought Office held Amount (\$)
Purpose of paying required) Fax broad Date 8/15/2006	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type adcast service Payee Name FedEx Kinko's Payee address	San Francisco of information City; Houston	** Comple Candidate / Office State; TX	94115 ete if direct expenditecholder name Zip Code 77098	tures to benefit C/OH ** Office sought Office held Amount (\$)
Purpose of payrrequired) Fax broad	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street ment (See instructions regarding type adcast service Payee Name FedEx Kinko's Payee address 2200 SW Freeway	San Francisco of information City; Houston	** Comple Candidate / Office State; TX ** Comple	94115 ete if direct expenditecholder name Zip Code 77098	tures to benefit C/OH ** Amount (\$) \$66.60

POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complete	e this form.		Total pages Sche	Page 11
FILER NAME	Sue Lovell			ACCOUNT # (Eth	nics Commission filers)
Date	Payee Name				Amount
3/15/2006	Monarch Printing Company				(\$)
	Payee address	City;	State;	Zip Code	\$1,701.70
	6605 McGrew St	Houston	TX	77087	
Purpose of payr (required) Printing	 ment (See instructions regarding type	of information	** Comple Candidate / Office	ete if direct expenditure ceholder name	es to benefit C/OH ** Office sought Office he
Date	Payee Name			<u>-</u>	Amount (\$)
3/15/2006	InfoVine				(\$)
	Payee address	City;	State;	Zip Code	\$2,006.06
	P. O. Box 2706	Houston	TX	77252	
	· · · · · · · · · · · · · · · · · · ·				
(required)	ment (See instructions regarding type & Mailhouse	of information	** Comple Candidate / Office	ete if direct expenditure ceholder name	
(required)		of information			Office sought Office he
(required) Postage	& Mailhouse	of information			Office sought Office he
(required) Postage Date	& Mailhouse Payee Name	of information			Office sought Office he
(required) Postage Date	& Mailhouse Payee Name Atomar Communications		Candidate / Office	ceholder name	Office sought Office he
(required) Postage Date 3/15/2006	& Mailhouse Payee Name Atomar Communications Payee address	City; Houston	Candidate / Office State; TX	Zip Code 77098	Amount (\$) \$506.06
Purpose of payr	& Mailhouse Payee Name Atomar Communications Payee address 3701 Kirby Drive, #500	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77098	Amount (\$) . \$506.06
Purpose of payr (required) Website	& Mailhouse Payee Name Atomar Communications Payee address 3701 Kirby Drive, #500 ment (See instructions regarding type of the communications)	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77098	Amount (\$) \$506.06 ss to benefit C/OH ** Office sought Office hel
Purpose of payr (required) Website	& Mailhouse Payee Name Atomar Communications Payee address 3701 Kirby Drive, #500 ment (See instructions regarding type of expenses	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77098	Amount (\$) \$506.06 es to benefit C/OH ** Office sought Office he
Purpose of payr (required) Website	& Mailhouse Payee Name Atomar Communications Payee address 3701 Kirby Drive, #500 ment (See instructions regarding type of expenses	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77098	Amount (\$) \$506.06 ss to benefit C/OH ** Office sought Office hel
Purpose of payr (required) Website	& Mailhouse Payee Name Atomar Communications Payee address 3701 Kirby Drive, #500 ment (See instructions regarding type of expenses Payee Name Shanghai River	City; Houston of information	State; TX ** Comple Candidate / Office	Zip Code 77098 ete if direct expenditure ceholder name	Amount (\$) sto benefit C/OH ** Office sought Office he

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POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complete	this form.		Total pages S	Schedule F
	· ·				Page 12
FILER NAME	Sue Lovell			ACCOUNT #	(Ethics Commission filers)
Date	Payee Name				Amount
3/15/2006	Sixth Street Bar & Grill				(\$)
	Payee address	City;	State;	Zip Code	\$428.00
	2701 White Oak	Houston	TX	77007	
					<u> </u>
Purpose of payr (required)	ment (See instructions regarding type o	f information	•	•	itures to benefit C/OH ** Office sought Office held
, , ,	ronoco		Candidate / Office	enoider name	Office sought Office held
Event ex	penses				
Date	Payee Name				Amount
3/15/2006	Network Solutions				(\$)
	Payee address	City;	State;	Zip Code	\$39.90
	10 Azalea Drive	Drums	PA	18222	
	nent (See instructions regarding type or	finformation	** Comple	te if direct expendi	itures to benefit C/OH **
(required)			Candidate / Offic	eholder name	Office sought Office held
· Web site	expense				
Date	Payee Name				Amount (\$)
3/15/2006	Sharon Davis Consulting	• • • • • • • • • • • • • • • • • • • •		.,,	
	Payee address	City;	State;	Zip Code	\$2,000.00
	8335 Bird Meadow Lane	Missouri City	TX	77489	
Purpose of payr		information	** Comple	te if direct expendi	tures to benefit C/OH **
(required)			Candidate / Office	•	Office sought Office held
Consultir	ng				1
Date	Payee Name				Amount
3/21/2006	Acteva				(\$)
	Payee address	City;	State;	Zip Code	\$16.64
	60 Spear Street, 9th Floor	San Francisco	CA	94105	
		•			
Purpose of payn (required)	nent (See instructions regarding type of	information			tures to benefit C/OH **
	, and Deconomian		Candidate / Office	enolder name	Office sought Office held
Gredit Ca	ard Processing				
		Į.			

POLITICAL EXPENDITURES

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SCHEDULE F

Total pages Schedule F THE INSTRUCTION GUIDE explains how to complete this form. Page 13 ACCOUNT # (Ethics Commission filers) FILER NAME Sue Lovell Date Payee Name Amount (\$) 3/30/2006 Acadian Bakery Payee address City; State; Zip Code \$173.35 604 West Alabama TX 77006 Houston Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Office held Candidate / Officeholder name Office sought Meeting refreshments Date Payee Name Amount (\$) 3/31/2006 Bank of America Payee address City; State; Zip Code \$3.00 TX 77005 1905 West Gray Houston Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Office sought Candidate / Officeholder name Office held **Banking Charges** Date Payee Name Amount (\$) 4/4/2006 Kathryn C. McNiel Payee address City; State: Zip Code \$2,000.00 P. O. Box 131835 Houston TX 77219 ** Complete if direct expenditures to benefit C/OH ** Purpose of payment (See instructions regarding type of information (required) Office sought Candidate / Officeholder name Office held Consulting Date Payee Name Amount 4/4/2006 Kathryn C. McNiel Payee address City; Zip Code \$368.16 P. O. Box 131835 TX . Houston 77219 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office held Office sought **Event supplies**

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POLITICAL EXPENDITURES

	CTION GUIDE explains how to complete this	form.		Total pages So	chedule F Page 14
FILER NAME				ACCOUNT # (Ethics Commission filers)
	Sue Lovell				
Date 4/6/2006	Payee Name Ying-Tsun Amy Lin				Amount (\$)
	Payee address	City;	State;	Zip Code	\$100.00
	7822 Twin Hills Drive	Houston	TX	77071	
Purpose of pay (required)	ment (See instructions regarding type of info	ormation	1	•	ures to benefit C/OH **
	4		Candidate / Office	ceholder name	Office sought Office held
Data En	itry .				
Date	Payee Name				Amount
4/10/2006	SBC				(\$)
	Payee address	City;	State;	Zip Code	\$107.14
	555 Main Street, Room 228-CR	Beaumont	TX	77701	
		ormation	-	· · · · · · · · · · · · · · · · · · ·	ures to benefit C/OH **
			I Candidate / Offic	eholder name	Office sought Office held
(required)			Carioldate / Offic	ionologi mamo	- Childe Sought Child
(required) Telepho	ne		Oznalate / Onic		- Cindo Soughi Cindo No.
	Payee Name		,		Amount
Telepho			, Caribidate / Office		
Telepho	Payee Name	City;	State;	Zip Code	Amount
Telepho	Payee Name Monarch Printing Company	City; Houston	,		Amount (\$)
Telepho Date 4/10/2006	Payee Name Monarch Printing Company Payee address	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90 ires to benefit C/OH **
Telepho Date 4/10/2006	Payee Name Monarch Printing Company Payee address 6605 McGrew St	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90
Telepho Date 4/10/2006 Purpose of payr (required)	Payee Name Monarch Printing Company Payee address 6605 McGrew St	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90 pres to benefit C/OH **
Telepho Date 4/10/2006 Purpose of payr (required) Printing	Payee Name Monarch Printing Company Payee address 6605 McGrew St	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90 Ires to benefit C/OH ** Office sought Office held
Telepho Date 4/10/2006 Purpose of payr (required) Printing	Payee Name Monarch Printing Company Payee address 6605 McGrew St ment (See instructions regarding type of info	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90 ares to benefit C/OH ** Office sought Office held
Telepho Date 4/10/2006 Purpose of payr (required) Printing	Payee Name Monarch Printing Company Payee address 6605 McGrew St ment (See instructions regarding type of info	Houston	State; TX	Zip Code 77087 Ite if direct expenditu	Amount (\$) \$1,004.90 Ires to benefit C/OH ** Office sought Office held
Telepho Date 4/10/2006 Purpose of payr (required) Printing	Payee Name Monarch Printing Company Payee address 6605 McGrew St ment (See instructions regarding type of info	Houston	State; TX ** Comple Candidate / Office	ZIp Code 77087 Ite if direct expenditueholder name	Amount (\$) \$1,004.90 Ires to benefit C/OH ** Office sought Office held Amount (\$)
Telepho Date 4/10/2006 Purpose of payr (required) Printing Date 4/10/2006	Payee Name Monarch Printing Company Payee address 6605 McGrew St ment (See instructions regarding type of info	City: Drums	State; TX ** Comple Candidate / Office State; PA ** Comple	Zip Code 77087 Ite if direct expenditueholder name Zip Code 18222	Amount (\$) \$1,004.90 ares to benefit C/OH ** Office sought Office held Amount (\$) \$173.50
Telepho Date 4/10/2006 Purpose of payr (required) Printing Date 4/10/2006	Payee Name Monarch Printing Company Payee address 6605 McGrew St ment (See instructions regarding type of info Payee Name Network Solutions Payee address 10 Azalea Drive	City: Drums	State; TX ** Comple Candidate / Office State; PA	Zip Code 77087 Ite if direct expenditueholder name Zip Code 18222	Amount (\$) \$1,004.90 ares to benefit C/OH ** Office sought Office held Amount (\$) \$173.50

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1-800-325-8506

POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to complet	e this form.		Total pages S	Page 15	
FILER NAME	Cup Levell			ACCOUNT#	(Ethics Commission	n filers)
	Sue Lovell	·				
Date 4/10/2006	Payce Name				1	ount (\$)
+/ 10/2006	Grant Martin Consulting					
	Payee address	City;	State;	.Zip Code	· ·	\$235.44
	1708 Broderick Street	San Francisco	CA	94115		
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required)			Candidate / Office	holder name	Office sought	Office he
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	1700 Broderick Street	San Francisco	CA	94115		
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required) Email br Pate 1/10/2006	Payee Name InfoVine Payee address	City: Houston	State; TX	Zip Code 77252	Office sought Am (\$ tures to benefit C/C	Office hel
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P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to com	plete this form.		Total pages S	Schedule F Page 16
FILER NAME	Sue Lovell			ACCOUNT #	(Ethics Commission filers)
Date 5/18/2006	Payee Name Friends of Bennie Thom	pson			Amount (\$)
	Payee address	City;	State;	Zip Code	\$200.00
	P. O. Box 100	Bolton	MS	39041	
Purpose of pay (required) Contribu	ment (See instructions regarding t	ype of information	· ** Compl Candidate / Office	•	itures to benefit C/OH ** Office sought Office held
Date	Payee Name				Amount
5/31/2006	Bank of America				(\$)
	Payee address	City;	State;	Zip Code	\$3.00
	1905 West Gray	Houston	TX	77005	
(required)	ment (See instructions regarding to	ype of information	** Comple Candidate / Office	•	itures to benefit C/OH ** Office sought Office held
				Schedule F R	eport Total: \$60,678.89

FEC FORM 1	_	TATEMEN PRGANIZA				Offi	ce Usa Only	.•
1. NAME OF COMMITTEE (In		(Check If name is changed)		nple:If typing, type the lines.	12FE	афункция» (4M5 живне № ж	estimas Services	
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2. DATE	10	2005						
3. FEC IDENTIFIC	CATION NUMBER		COO	266585				
4. IS THIS STATE	WENT WEV	/ (N) OR		AMENDED (A)		· · · · · ·		
! certify that I have		•		nowledge and belief :	it is true, ca	orrect and	complete.	
Type or Print Name	of Treasurer Mr.	Clifford A. Scl	huima	<u>n</u>				
Signature of Treasure	er		<u>-</u>		Date	11	140T (2005
NOTE: Submission of	false, erronaous, or in-	complete information	may sub ON SHO	ed the person signing ULD BE REPORTED V	this Statem VITHIN 10 I	ent to the p	ensities of 2	U.S.C. 9437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Locat 202-694-1100	contant: don		FEC FOI (Revised 02	

_	FEC Form 1	(Revised 02/2003)						Page 2	
6.	TYPE OF COMM	ITTEE (Check One)							
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		committee is an eumation below.)	thortzed	committee, and is NOT	a principal camp	atgo committe	e. (Complete	the candid	ate
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	Candidate Party Attiliation	er opening or	Office Sough	touse	Senate	Pres	dent		personal Secretarian Secretarian
	(c) E This	committee supports	/opposes	only one candidate, a	nd is NOT an earli	norized comun	ilit se .		
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	(d) jui	committee is a	aragan E.	(National, State or subordinals)	committee of the	a siso (s)		ocratic, blican, etc.)	Party.
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	Title or Position▼			CITY &		STATE A	ZII	CODE A	
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FROM : CPR

FAX NO. :7135269920

Jan. 18 2006 04:40PM P19

FEC FORM 1	STATEME ORGANIZ (See instruct	ATION		
1. NAME OF COMMITTEE (In full)	(Check if name is changed)	Example: If typing, type over the lines,	12FE4M5	Office Use Only
American Federat	•	ounty and Munici	pal Emplo	oyees
ADDRESS (number and street)	! 1625 L Street	** **		
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is changed)	Washington	and an analysis of the second	ipc ' k	20036
COMMITTEE'S E-MAIL ADDRE		CITY &	STATE A	ZIP CODE 4
2. DATE 04 23	2001 MBER ▶ C 00	011114	· · · inn anoni may base en	ا ا
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erronee	William Lucy	ay subject the person signing th	Date 04"	23 2001
Office Use Only		For further information oo Pedural Risotion Commission Toll Pres 800-24-8530 Local 202-884-1100	ntoat;	FEC FORM 1 (Ravised 1/01)

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TYPE OF CO	OMMITTEE (Check One	,		•		.•
(a) ·	This committee is a pr	ino ipal cam paigi	n committee. (Compi	lete the candidate li	nformation below.)	
(b)	This committee is an a information below.)	authorized comm	nittee, and is NOT a	principal campalgn	oommittee, (Com	plete the candidate
Name of Candidate	مان بها بالسافات بالساد ب	tron ty w upo y committees tyrmical	Sandari L'andrei an		هدية منزا جيسان بيزير	<u></u>
Candidate Party Affiliation	O n	Office Sought	House	Senate	President	State District
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